

PALMER CENTER

3023 SOUTH 84TH STREET

WEST ALLIS 53227 Phone: (414) 607-4100

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 10

Total Licensed Bed Capacity (12/31/01): 20

Number of Residents on 12/31/01: 6

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? No

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 4

Non-Profit Corporation

Skilled

No

No

Yes

4

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		100.0
Supp. Home Care-Personal Care	No					1 - 4 Years		0.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	16.7	More Than 4 Years		0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	33.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	50.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	0.0	65 & Over	83.3	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		122.9
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		26.7
Other Services	No	Respiratory	100.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	66.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	33.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

Medi care (Title 18)				Medi caid (Title 19)				Other		Pri vate Pay		Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	100.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0
Total	0	0.0		6	100.0		0	0.0		0	0.0		0	0.0		0	0.0		6	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	16.7	83.3	6
Other Nursing Homes	0.0	Dressing	0.0	16.7	83.3	6
Acute Care Hospitals	100	Transferring	0.0	83.3	16.7	6
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	0.0	83.3	16.7	6
Rehabilitation Hospitals	0.0	Eating	50.0	33.3	16.7	6
Other Locations	0.0	*****				
Total Number of Admissions	15	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	33.3	Receiving Respiratory Care		100.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	16.7	Receiving Tracheostomy Care		100.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning		100.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	88.9	Mobility		Receiving Tube Feeding		33.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		100.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	11.1	With Pressure Sores	33.3	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	9	With Rashes	16.7	Medications		
				Receiving Psychoactive Drugs		83.3

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## Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities &amp; Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	20.0	88.9	0.22	69.0	0.29	82.7	0.24	84.6	0.24
Current Residents from In-County	33.3	88.1	0.38	82.5	0.40	85.3	0.39	77.0	0.43
Admissions from In-County, Still Residing	13.3	22.9	0.58	28.7	0.47	21.2	0.63	20.8	0.64
Admissions/Average Daily Census	375.0	129.6	2.89	122.8	3.05	148.4	2.53	128.9	2.91
Discharges/Average Daily Census	225.0	133.7	1.68	120.0	1.88	150.4	1.50	130.0	1.73
Discharges To Private Residence/Average Daily Census	0.0	47.6	0.00	11.0	0.00	58.0	0.00	52.8	0.00
Residents Receiving Skilled Care	0.0	90.5	0.00	72.7	0.00	91.7	0.00	85.3	0.00
Residents Aged 65 and Older	83.3	97.0	0.86	93.0	0.90	91.6	0.91	87.5	0.95
Title 19 (Medicaid) Funded Residents	100	56.0	1.78	60.8	1.64	64.4	1.55	68.7	1.46
Private Pay Funded Residents	0.0	35.1	0.00	21.0	0.00	23.8	0.00	22.0	0.00
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	7.6	0.00
Mentally Ill Residents	0.0	30.9	0.00	41.3	0.00	32.2	0.00	33.8	0.00
General Medical Service Residents	0.0	27.3	0.00	25.9	0.00	23.2	0.00	19.4	0.00
Impaired ADL (Mean)	73.3	50.3	1.46	53.3	1.38	51.3	1.43	49.3	1.49
Psychological Problems	83.3	52.4	1.59	46.2	1.81	50.5	1.65	51.9	1.61
Nursing Care Required (Mean)	60.4	7.1	8.54	7.8	7.77	7.2	8.38	7.3	8.23